# CONTRACT #2 RFS # 318.66-050

# Department of Finance & Administration Bureau of TennCare

VENDOR:
Tennessee Behavioral Health,
Inc. (East Grand Region)



# STATE OF TENNESSEE BUREAU OF TENNCARE 310 Great Circle Road NASHVILLE, TENNESSEE 37243

# RECEIVED AUG 1 5 2006 FISCAL REVIEW

August 11, 2006

Mr. Jim White, Director Fiscal Review Committee 8<sup>th</sup> Floor, Rachel Jackson Bldg. Nashville, TN 37243

Attention: Leni Chick

RE: Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee the following Behavioral Health contract amendments. These amendments provide modifications to the previously established payment rates for Fiscal Year '07 by extending the 2.5% provider rate increase, as approved by the General Assembly, to the grant portion of the Behavioral Health Organizations. These rates had previously not included increases to the grants, although the maximum liability and budget had included increased funding for these services. This amendment, therefore, makes all documents consistent with the appropriations bill as enacted by the Legislature.

Tennessee Behavioral Health, Inc. Tennessee Behavioral Health, Inc. Premier Behavioral Health Systems Of Tennessee, LLC	FA-05-16089-06 FA-01-14661-15 FA-01-14662-16	318.66-050 318.66-023 318.66-022
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The Bureau of TennCare would greatly appreciate the consideration and approval of these

Sincerely,

Scott Pierce

Chief Financial Officer

Cc: Darin J. Gordon, Deputy Commissioner

amendments by the Fiscal Review Committee.

Alma Chilton

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### REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED		
Commissione	r of Finance & Administration	
Date:		

Each of the request items below indicates specific information that <u>must</u> be individually detailed or addressed <u>as required</u> .  A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.										
RFS#	318.66-0	50								
STATE AGENCY	NAME :	Department of Finance and A Bureau of TennCare	Administration							
SERVICE CAPTION	ON:	Behavioral Health Organizat TennCare/Medicaid Populati	tions Providing Medically Necessary Behavioral Services to the ion in Tennessee East Grand Region							
CONTRACT#		FA-05-16089-00		PROPOSED AMENDMENT #	6					
CONTRACTOR:		Tennessee Behavioral Healt	th, Inc.							
CONTRACT STA	RT DATE	:	07/01/2004							
CURRENT, LATE (including ALL opt		IBLE END DATE : end)	06/30/2007							
CURRENT MAXIM	MUM LIAE	BILITY:	\$458,166,722.00							
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TOTAL MAXIMUM (including ALL opt		/ITH PROPOSED AMENDME tend)	ENT :	\$458,166,722.00						
APPROVAL CRIT (select one)	ERIA:	use of Non-Competiti	ive Negotiati	on is in the best interest of the	state					
		only one uniquely qu	alified servic	ce provider able to provide the	service					
ADDITIONAL RE	ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)									
(1) description o	f the prop	oosed additional service and	d amendmen	t effects :						

This amendment provides modifications to the previously established payment rates for Fiscal Year '07 by extending the 2.5% provider rate increase, as approved by the General Assembly, to the grant portion of the Behavioral Health Organizations. These rates had previously not included increases to the grants, although the maximum liability and budget had included increased funding for these services. This amendment, therefore, makes all documents consistent with the appropriations bill as enacted by the Legislature.										
(2) explanation of need for the proposed amendment :										
This amendment is needed in order to establish correct payment rates that reflect rates increased by General Assembly.										
(3) name and address of the proposed contractor's principal owner(s):  (not required if proposed contractor is a state education institution)										
Dr. Russ Petrella, Chief Operating Officer Magellan Behavioral Health 199 Pomeroy Road, 3rd Floor Parsippany, New Jersey 07054										
(4) documentation of OIR endorsement of the Non-Competitive procurement request : (required only if the subject service involves information technology)										
select one: Documentation Not Applicable to this Request Documentation Attached to this Request										
(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request : (required only if the subject service involves training for state employees)										
select one: Documentation Not Applicable to this Request Documentation Attached to this Request										
(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :										
This contract for Behavioral Health Services was identified by a competitive Request for Proposal method. This amendment to the exisiting contract will ensure that services to recipients will continue without interruption and that payment rates are established for period to continue throughout fiscal year 2007.										
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :										
The approval of this amendment by F&A will ensure the best interests of TennCare enrollees will be served. Based on the network of providers that Tennessee Behavioral Health, Inc. currently has, TennCare is confident that the modifications of this agreement will ensure payment mechanism for FY '07 and prevent any disruption of services to enrollees.										
AGENCY HEAD REQUEST SIGNATURE:  (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)										
SIGNATURE DATE:										

#### **AMENDMENT NUMBER 6**

#### TO PROVIDER RISK CONTRACT # FA-05-16089

#### BETWEEN

## THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

#### AND

### TENNESSEE BEHAVIORAL HEALTH, INC. IN THE EAST TENNESSEE GRAND REGION

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health, Inc. hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

 A new paragraph and table shall be added to Section 4.7.2 Payment Methodology, following Table 4. The new paragraph and table 5 shall read as follows:

#### 4.7.2 Payment Methodology

The Contractor shall be compensated based on the rates herein for the payment rate categories authorized by the State. Payments shall be subject to withholds as set forth in the CONTRACT. The rates in Table 5 shall be applicable from September 1, 2006 through June 30, 2007.

Table 5: Rates:

PAYMENT RATE CATEGORY	PER MEMBER/ PER MONTH RATE
Priority Population age 0-12	\$304.82
Priority Population age 13-17	\$434.19
Priority Population age 18 and above	\$244.96
Non-Priority Population age 0-12	\$2.86
Non-Priority Population age 13-17	\$17.63
Non-Priority Population age 18 and above	\$4.98
State Only & Judicials	\$287.41

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS THEREOF, the parties have by their duly authorized representatives set their signature. CONTRACTOR: DATE Russell C. Petrella, Ph.D. President TENNESSEE BEHAVIORAL HEALTH, INC. TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES: DATE Virginia Trotter Betts, MSN, JD, RN, FAAN Commissioner TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION: DATE M. D. Goetz, Jr. Commissioner **APPROVED:** TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION: DATE M. D. Goetz, Jr. Commissioner COMPTROLLER OF TREASURY: John G. Morgan DATE Comptroller of Treasury

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Behavior	al Health 9	Services to Enrollee	s in the TennCare Partne	ers Progr	am in Tenn	essee East G	rand Regior	l				
		Contract6eg 7/1/200	in Date & A. H. H. H. M. A. 4		12/31/2005							
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(C)FID/A(M		93.778 Departme	nt of Health and Human-Ser	vices		CANADA MONITOR INC. SEASON SHOWING THE RES		Acceptance of the Control of the Con	answerijs Y,≅\$a, - ⊀a i			
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		1/////~		-	Pursuant to	T.C.A. Section	William to 12 to 1		Jr., Commissioner of			
	)~/ OMP	LET E FOR ALL MAN	MENDMEXIIS (ฮักโ <i>y</i> ) <sup>อา</sup> จ		Finance and	Administration	, do hereby c	ertify that th	nere is a balance in the obe paid that is not			
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RFS Num	ATTACE!		_	Contract Number: FA-65-16189-30								
State Age	ncy: Department of I	Finance and Administra	tion	Division: Bureau of TennCare  Contractor Identification Number								
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Behaviora	al Health Services to En	rollees in the TennCare	Partners F	s Program in Tennessee East Grand Region								
	Contract B	egin Date	<b>阿斯森斯斯</b>	光温空间层	in erstand	Contract E	nd Date					
07/01/200		•		12/31/200								
Allotment	Code Cost Cente	Chject Code	<b>WARRIED</b>	nd Mark	Gran	Elizabili Alli Gr	ant Code	Subgrant Code				
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ii FY	State Funds	Federal Funds		artmental nds	Other	Funding to		ntract Amount LL amendments)				
2005	\$61,204,800.00	\$112,216,708.00				·		\$173,421,508.00				
2006	\$30,602,400.00	\$56,108,354.00						\$86,710,754.00				
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Total:	\$91,807,200.00	\$168,325,062.00	•					\$260,132,262.00				
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Name:	Dean Daniel 729 Church Street			is the	Contracto	ra VENDOR	? (per OMB A	<b>133)</b>				
Address Phone	Nashville, TN			ls the	Fiscal Ye	ar Funding S	TRICTLY	ITED?				
	(615) 532-1362 Jring-Agency Budget (		TUIC T	WATER TO THE	Contracto	or on STARS						
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	COMPLETE FOR ALL	MAND MANAGEMENT AND	(SECTION AND SECTION ASSESSED.)			Funding Co	指到。他和海岸的	Jr., Commissioner of				
	Base Co Prior Ame	ntract & This Ame	A. A. M. A. C. L. C.	Finance a	nd Administr	ation, do hereb	y certify that the	ere is a balance in d to be paid that is				
	DATES			not otherv	vise encumb	ered to pay obli	gations previou	sly incurred.				
FY:				<u>.</u>	•							
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